

**Great Lakes Water Quality/
Limnology Survey
Staffing Schedule Form**

Appendix C

Original, March 2002

Great Lakes Water Quality / Limnology Survey Staffing Schedule

Survey: _____

Shift Dates From: To:	Proposed Staffing	Self-Certification Form Complete	Actual Staffing	Self-Certification Form Complete
	Chief Scientist:			
	Shift Supervisor:			
	Participating Scientist(s):			
	Chief Scientist:			
	Shift Supervisor:			
	Participating Scientist(s):			
	Chief Scientist:			
	Shift Supervisor:			
	Participating Scientist(s):			
	Chief Scientist:			
	Shift Supervisor:			
	Participating Scientist(s):			

I have verified that the above named staff have the applicable technical and safety qualifications necessary to participate in the Great Lakes Water Quality Survey.

Name: _____ Date: _____
 Paul Horvatin, Monitoring Indicators and Reporting Branch Chief